



Louisville Metro Air Pollution Control District

Form: AP-0308

Generic Process

Mail Application To:
Louisville Metro APCD
850 Barret Avenue
Louisville, KY 40204

(502) 574-6000
FAX: (502) 574-5137
www.louisvilleky.gov/apcd

Application For Permit To Construct, Reconstruct, Install, Modify, or Operate Process or Process Equipment

Section A: Owner/Operator Information

Business Name of Owner /Operator To Appear On The Permit:

Owner's Business Name (only if different from Business Name of Owner/Operator):

Section B: Equipment Location

Equipment Location Address:

Street Address

KY

City

State

Zip Code

Responsible Official Name:

Responsible Official Title:

Phone:

Fax:

E-Mail:

Section C: Permit Mailing Address

Permit and Correspondence information:

☐ Check here if same as equipment location address.

Street Address

City

State

Zip Code

Contact Name:

Contact Title:

Phone:

Fax:

E-Mail:

Section D: Application Type

Reason for Submitting Application (Select all that apply):

- ☐ New Construction /Installation ☐ Change of Ownership
☐ Modification ☐ Change of Location
☐ Reconstruction ☐ Administrative Change
☐ Operation

Date of Construction, Modification, Installation or Operation:

(MM/DD/YYYY)

Estimated Start Date: _____

Actual Start Date: _____

In accordance with District regulations 2.03, Section 1, you may not construct, install, modify, or operate an affected facility unless a permit has been issued by the District (LMAPCD). Please complete all requested information in this application. Incomplete applications may result in denial of issuing a permit to construct and operate process or process equipment.

Section E: Facility Business Information

What type of business is being conducted at this equipment location?

SIC Code

Section F: Authorization/Signature I hereby certify that all information contained herein and information submitted with this application is true and correct.

Signature of Responsible Official:

Title:

Print Name:

Date:

LMAPCD
Use Only

Application Tracking #:

Assigned Engineer:

Permit No(s):

Plant ID #:

NAICS Code:

Section G: Equipment Information

Provide a brief description of the equipment or process:

Manufacturer:

Model:

Serial Number:

Section H: Raw Material Information.

If there are more than four raw materials used, attach additional copies of this page as needed.

Raw Material Used	CAS Number	Usage Rate (include units)

Attach a copy of all calculations made to support the data in the table above.

Attach a Material Safety Data Sheet (MSDS) for each raw material used.

Section I: Products Produced Information.

If there are more than four products are produced, attach additional copies of this page as needed.

Product Produced	CAS Number	Production Rate (include units)

Attach a copy of all calculations made to support the data in the table above.

Attach a Material Safety Data Sheet (MSDS) for each raw material used.

Section J: Byproducts Generated Information.

If there are more than four byproducts generated, attach additional copies of this page as needed.

Byproduct Generated	CAS Number	Generation Rate (Include Units)

Attach a copy of all calculations made to support the data in the table above.

Attach a Material Safety Data Sheet (MSDS) for each raw material used.

Section K: General Information.

Manufacturer's Rated Capacity or Maximum Throughput of Equipment or Process:

Describe important manufacturer specifications and/or operating parameters for equipment or process:

Attach the manufacturer's specification sheet(s) for the equipment or process.

Section L: Control Device Information	
Is an air pollution control device used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If an air pollution control device is used, complete the following. If not, proceed to Section M.</i>	
Is knockout used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-1308 and attach it to this application.	
Is a settling chamber used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-1508 and attach it to this application.	
Is a cyclone collector used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-1208 and attach it to this application.	
Is a baghouse used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-0808 and attach it to this application.	
Is a condenser used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-1008 and attach it to this application.	
Is an electrostatic precipitator used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-1408 and attach it to this application.	
Is adsorption equipment used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-1108 and attach it to this application.	
Is a scrubber used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-0908 and attach it to this application.	
Is an afterburner or oxidizer used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-0708 and attach it to this application.	
Is a flare used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, complete Form AP-2008 and attach it to this application.	
Is any other control device used?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, attach a copy of the control device Manufacturers Specification Sheet(s).	
<i>If any other control device is used, complete the following information. If not, proceed to Section M.</i>	
Describe control device:	
Pollutants Controlled: <input type="checkbox"/> VOCs <input type="checkbox"/> PM <input type="checkbox"/> PM ₁₀ <input type="checkbox"/> NO _x <input type="checkbox"/> SO ₂ <input type="checkbox"/> Metals <input type="checkbox"/> HAP <input type="checkbox"/> TAC <input type="checkbox"/> Other (Specify):	
Control Device Manufacturer:	
Control Device Model:	Control Device Serial Number:
Control Device Design Capacity:	
Control Device Removal or Destruction Efficiency:	

Section M: Stack Information	
Is there a vent or stack ? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete this section.	
Number of Air Contaminant Stacks:	
If there are more than three stacks, attach additional copies of this page as needed.	
For the First Stack	
Emission Point Name:	
Stack Height Above Grade: Feet	Stack Exit Diameter: Feet (Provide stack dimensions <i>if rectangular stack</i>) x
Is a stack cap present? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Stack Configuration: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Downward-Venting (Check all that apply) <input type="checkbox"/> Other (Specify):	
Stack Exit Gas Temperature: ° F	Stack Exit Gas Flow Rate: ACFM
Distance to Nearest Property Line: Feet	Describe Nearest Obstruction:
Height of Nearest Obstruction: Feet	Distance to Nearest Obstruction: Feet
Are stack sampling ports provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	
For the Second Stack. If there is no second stack, proceed to Section N.	
Emission Point Name:	
Stack Height Above Grade: Feet	Stack Exit Diameter: Feet (Provide stack dimensions <i>if rectangular stack</i>) x
Is a stack cap present? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Stack Configuration: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Downward-Venting (Check all that apply) <input type="checkbox"/> Other (Specify):	
Stack Exit Gas Temperature: ° F	Stack Exit Gas Flow Rate: ACFM
Distance to Nearest Property Line: Feet	Describe Nearest Obstruction:
Height of Nearest Obstruction: Feet	Distance to Nearest Obstruction: Feet
Are stack sampling ports provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	
For the Third Stack. If there is no third stack, proceed to Question N.	
Emission Point Name:	
Stack Height Above Grade: Feet:	Stack Exit Diameter: Feet: (Provide stack dimensions <i>if rectangular stack.</i>) x
Is a stack cap present? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Stack Configuration: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Downward-Venting (Check all that apply) <input type="checkbox"/> Other (Specify):	
Stack Exit Gas Temperature: ° F	Stack Exit Gas Flow Rate: ACFM
Distance to Nearest Property Line: Feet	Describe Nearest Obstruction:
Height of Nearest Obstruction: Feet	Distance to Nearest Obstruction: Feet
Are stack sampling ports provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Section N: Monitoring InformationWill emissions data be recorded by a continuous emission monitoring system (CEMS)? ☐ YES ☐ NO

If YES, attach a copy of the control device manufacturer's specification sheets.

Pollutants Monitored: ☐ VOCs ☐ HAPs ☐ PM ☐ PM₁₀ ☐ NO_x ☐ SO₂ ☐ Metals
☐ TAC ☐ Other (Specify):

Describe the continuous emission monitoring system:

Manufacturer:

Model:

Serial Number:

Will multiple emission units be monitored at the same point? ☐ YES ☐ NO

If YES, complete the following information.

Emission Units Monitored:

Will more than one emission unit be emitting from the combined point at any time? ☐ YES ☐ NO

Emission Units Emitting Simultaneously:

Section O: Monitoring and Alarm InformationAre there any **alarms** associated with this equipment? ☐ YES ☐ NO

If YES, complete the following information.

Describe the System Alarm(s):

If there are more than three alarms, attach additional copies of this page as needed.

Operating Parameter Monitored	Describe Alarm Trigger	Monitoring Device or Alarm Type	Does the Alarm Initiate an Automated Response?
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:
		<input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Automatic (Remote Monitoring) <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe:

Section P: Additional Information
<p>Attach potential emissions calculations with your application. If there are no emission calculations provided with the application, the LMAPCD will calculate the potential emission rates for this equipment. This will result in a delay in the issuance of the permit. The potential emission rates shall be based on operation at maximum equipment capacity. The annual potential emissions shall be based on 8,760 operating hours per year. All potential emission calculations shall represent pre-control emissions.</p> <p>Is there any additional information pertinent to this application? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, describe below:</p>